

# I. Behavioral Health Region Plans: Phase I

## A. Introduction

Behavioral Health (BH) Reform was initiated by LB1083 to move the behavioral health (mental health and substance abuse) service systems from reliance on institutional care to community based services through the transition of two state Regional Centers: Norfolk Regional Center (NRC) and Hastings Regional Center (HRC). To accomplish the realignment of the system, the BH Regional Offices were asked to develop a plan for phasing out of mental health and substance abuse services at state operated facilities and developing those services locally in the regions. Excluded from the plan are children's services, forensic services and sex offenders.

The plans and funds appropriated to the behavioral health (mental health and substance abuse) system are specifically intended to serve the adult population and to directly impact the following state priorities:

1. Phase I: Regional Center REPLACEMENT Services. The regions submitted plans on March 30, 2004.
  - Priority A – **REPLACEMENT** services to replace current HRC/NRC acute inpatient and secure subacute residential services
  - Priority B – **DISCHARGE READY** services for persons currently being served in the HRC/NRC/LRC
  - Priority C – **EMERGENCY SERVICE** development and/or restructuring to reduce EPCs and commitments in the regions.
2. Phase II: Expansion of Community Based Services to Impact Reduction in Need for Acute and Secure services. The regions will submit plans by December 31, 2004.
  - Priority A: **NON-RESIDENTIAL SERVICE** development and/or expansion to reduce use of acute inpatient and secure subacute residential services, and increase community tenure in the least restrictive setting with stable housing.

The Regional plans included here are limited to Phase I services only. Each region was required to document the inclusion of multiple system stakeholders in developing the final plan that would help the region accomplish the targeted priorities in Phase I. Stakeholders included law enforcement, consumers, providers, and elected officials. The region was required to analyze all relevant data, make decisions based on the data, and determine how to meet the emergency and treatment service needs of consumers to accomplish the Phase I outcomes. In addition, the plans were to use current state approved service definitions to ensure uniformity for consumers anywhere in the state. Region plans included the development of indicators and measures to document progress at meeting the Phase I BH Reform outcomes.

There will be no increase in administrative cost allocation to Regional Administration as a result of BH Reform activities and service development.

## B. Region Replacement Services and Funding

### Assumptions for HHSS Recommendations

1. Priority FOCUS for all decisions is:
  - a) replacing current capacity in HRC and NRC;
  - b) moving current NRC and HRC consumers into community housing and services; and
  - c) reducing commitments, reducing emergency protective custody holds and elimination of post commitment days in the Regions.
2. Decisions made are based on assumption that HRC services will transition to the community first.
3. Decisions are based on timeframes and cash flow availability to move Regional Center state funds to community based services.
4. Regional Centers will stay within budget to ensure cash flow available to accomplish implementation of Behavioral Health Reform.
5. HHSS will develop and contract for new psychiatric nursing facility services.
6. There will be a 16-bed unit as a back up to the Behavioral Health System with statewide access.
7. This plan does not solve all system capacity problems.
8. Service capacity must be developed in rural areas.
9. New housing opportunities will be available in all regions.
10. HHSS recommendations for acute and secure subacute capacity in all regions are primarily based on past experience of inpatient commitments to Regional Centers.
11. The recommendations for acute and secure subacute capacities are based on serving the same number of persons in each service level. This is a conservative estimate designed to ensure adequate capacity for fluctuations in utilization as the plan is implemented.
12. Funding amounts for acute and secure subacute were based on a length of stay in acute at 4 days and in secure subacute at 21 days.
13. Decisions on new/expanded services were made based on a statewide Behavioral Health System perspective.
14. Decisions on new/expanded services were subject to specific funding amounts and timeframes for implementation.
15. It is recognized that the current Behavioral Health System has a specific amount of appropriations and that the environment impacts data interpretation, proposals and decision making.
16. Priority is given to less intensive services in community based settings.
17. Decisions on services included accessing federal matching funds (Medicaid).
18. Decisions on capacity were driven by data and funds available.
19. Recommendations for discharge placements focused on least restrictive settings and assumed stable independent housing.
20. Data does not necessarily support dual residential treatment at the high capacities proposed by the regions. Dual residential recommendations were conservative based on further data collection. Current analysis lends support to less intensive, non-residential dual treatment modalities.
21. There are two existing dual residential programs in the state: Region 4's women's program and Region 5's program. The decision was made to fund two more programs: one dual residential program to serve Regions 1, 2, 3, and 4, and one program in Region 6. HHSS believes one location will best serve the rural regions and maintain financial viability.

Locating this program in Region 3 would allow for easier access by all four regions. Thus dual residential services would be available statewide.

22. HHSS intends to add funding in Phase 2 to support enhancing current providers' non-residential capability to provide enhanced dual therapy in order to keep the reform focus on the least intensive services.

# REGION PROPOSED REPLACEMENT SERVICES AND FUNDING

## Pase I – Priorities A, B, and C only

TOTAL ALL REGIONS			All Regions' Requests		All Regions Current Funds for Phase I Services		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)			
PRIORITY A	INPATIENT SERVICES	Rate	ALOS	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost	
	Acute Inpatient	\$600.00	4	849	\$3,107,800	225	\$1,140,762	731	\$1,754,400	956	\$2,895,162	
	Secure Subacute Res	\$450.00	21	780	\$9,101,138	0	\$0	731	\$6,907,950	731	\$6,907,950	
	SUBTOTAL	Rate x ALOS x # svrd			\$12,208,938		\$1,140,762		\$8,662,350		\$9,803,112	
	ALOS = Average Length of Stay						4 days acute/21 days secure			4 days acute/21 days secure		
PRIORITY B	TRANSITIONAL RESIDENTIAL SERVICES	Rate	Unit	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost	
	Psych Residential Rehab MH	\$96.75	Day	137	\$4,350,878	95	\$3,699,961	21	\$741,589	116	\$4,441,550	
	Dual Disorder Residential SPMI/CD	\$184.90	Day	315	\$5,618,178	16	\$1,084,216	20	\$1,349,770	36	\$2,433,986	
	Short Term Residential SA	\$161.25	Day	10	\$587,274	21	\$1,485,591	5	\$294,281	26	\$1,779,873	
	SUBTOTAL	Rate x 365 days x # svrd			\$10,556,330		\$6,269,768		\$2,385,640		\$8,655,409	
	NON RESIDENTIAL & SUPPORT SERVICES	Rate	Unit	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost	
	Community Support MH/DUAL	\$245.10	Mo.	458	\$1,316,187	1,802	\$4,874,511	406	\$941,184	2,208	\$5,815,695	
	Community Support SA	\$201.03	Mo.	104	\$108,556	354	\$684,927	96	\$180,927	450	\$865,854	
	Day Rehabilitation	\$47.30	Day	72	\$641,828	1,937	\$5,087,209	72	\$658,984	2,009	\$5,746,193	
	Assertive Community Treatment (ACT)	\$38.70	Day	123	\$1,695,060	70	\$988,785	143	\$1,977,570	213	\$2,966,355	
Medication Management (1/4 hr med ck)	\$34.00	1/4 Hr.	4,597	\$660,117	3,672	\$446,680	4,597	\$263,732	8,269	\$710,412		
Intensive Community Support (as part of the emerg src pkg)	Non Fee-for-Svc		NC	\$525,115	10	\$82,676	0	\$0	10	\$82,676		
SUBTOTAL		Rate x [365 days OR 12 mos] x # svrd				\$4,946,863		\$12,164,788		\$4,022,397		\$16,187,185
TOTAL					\$27,712,131		\$19,575,318		\$15,070,387		\$34,645,706	

# REGION PROPOSED REPLACEMENT SERVICES AND FUNDING

## Phase I – Priorities A, B, and C only

				All Regions' Requests		All Regions Current Funds for Phase I Services		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)	
PRIORITY C	EMERGENCY SERVICES	Rate	Unit	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost
	Emerg Stabilization VOL	Non Fee-for-Svc		218	\$1,035,000	244	\$1,392,285	223	\$1,055,168	467	\$2,447,453
	Crisis Response Teams	Non Fee-for-Svc		500	\$462,543	527	\$514,438	1090	\$724,960	1617	\$1,239,398
	Crisis Respite	Non Fee-for-Svc		278	\$119,917	266	\$676,324	279	\$116,693	545	\$793,017
	Emergency Community Support	Non Fee-for-Svc		253	\$387,070	444	\$548,570	457	\$490,600	901	\$1,039,170
	Crisis Assessment - MH	Non Fee-for-Svc		1,825	\$320,406	114	\$20,000	0	\$0		\$20,000
	TOTAL	NFFS = Expense Reimbursement/Capacity			\$0		\$3,151,617		\$2,387,421		\$5,539,038

ADMINISTRATIVE SERVICES - Reg 5 & 6			No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost
Resource Support - Reg 5			NC	\$324,052	0	\$0	0	\$0	0	\$0
Emerg System Coordination, Emerg Training - Reg 5			NC	\$831,478	0	\$21,593	0	\$0	0	\$21,593
Emerg System Training - Reg 6			NC	\$779,386	0	\$0	0	\$0	0	\$0
4 Admin FTE's - Reg 6			NC	\$276,900	0	\$0	0	\$0	0	\$0
<b>TOTAL</b>				<b>\$2,211,816</b>		<b>\$21,593</b>		<b>\$0</b>		<b>\$21,593</b>

Administrative Services are not eligible for BH Reform funds.

<b>GRAND TOTAL ALL REGIONS</b>	All Regions' New \$ Requests	All Regions Current Funds for Phase I Services	HHSS \$ Response	TOTAL Current + HHSS Response (col. 2 + col. 3)
	Cost	Cost	Cost	Cost
<b>GRAND TOTAL</b>	<b>\$29,923,947</b>	<b>\$22,748,528</b>	<b>\$17,457,808</b>	<b>\$40,184,744</b>

## C. Region I: Phase I Plan

### Summary of Region Request

- Builds upon services developed through the Homeward Bound project that reduced utilization of HRC
- Priority A: Replaces Homeward Bound funding for acute inpatient and secure residential psychiatric.
- Priority B: Analyzed discharges from Homeward Bound and proposed expanding assisted living resources in the Region and the expansion of supportive behavioral health services. The Region also proposed development of residential services to provide step-down services to expedite timely discharges from higher levels of care.
- Priority C: Recommend expansion of Crisis Response Team for the major population area of the region and expansion of emergency respite and support services to further reduce EPC and post commitment demand.

### Rationale for HHSS Recommendations

- Priority A: Continue the success of the current Homeward Bound program in reducing dependence on the Regional Center. Recommend funding current capacity as requested by the Region; number of persons projected to be served (53) based on FY03 Commitment Data.
- Priority B: Review of Homeward Bound data indicated that independent housing and other community programming with supports would meet the needs of most consumers transitioning from Homeward Bound to the community. HHSS recommend funding minimal residential capacity to serve those who fall outside of the Homeward Bound criteria.
- Priority C: Continue to prevent EPC's by developing another crisis response team in an unserved area of the Region – Scottsbluff.
- Concur with Region's request for Crisis Respite and Emergency Community Support.

# REGION PROPOSED REPLACEMENT SERVICES AND FUNDING

## Phase I – Priorities A, B, and C only

REGION 1			Region 1 Request		Region 1 Current		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)		
PRIORITY A	INPATIENT SERVICES	Rate	ALOS	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost
	Acute Inpatient	\$600.00	4	53	\$127,200	0	\$0	53	\$127,200	53	\$127,200
	Secure Subacute Res	\$450.00	21	53	\$572,400	0	\$0	53	\$500,850	53	\$500,850
	SUBTOTAL	Rate x ALOS x # svrd			\$699,600		\$0		\$628,050		\$628,050
ALOS = Average Length of Stay				4 days Acute; 24 days Secure		Funding for "Homeward Bound" (\$300,000) ends 6/30/04.		4 days acute; 21 days secure		4 days acute; 21 days secure	
PRIORITY B	TRANSITIONAL RESIDENTIAL SERVICES	Rate	Unit	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost
	Psych Residential Rehab *	\$96.75	Day	10	\$282,510	0	\$0	2	\$70,628	2	\$70,628
	Dual Disorder Residential SPMI/CD *	\$184.90	Day	1	\$67,489	0	\$0	1	\$67,489	1	\$67,489
	Short Term Residential SA	\$161.25	Day	1	\$58,856	5	\$294,281	1	\$58,856	6	\$353,138
	SUBTOTAL	Rate x 365 days x # svrd			\$408,855		\$294,281		\$196,972		\$491,254
	NON RESIDENTIAL & SUPPORT SERVICES	Rate	Unit	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost
	Community Support (MH) ^	\$245.10	Mo.	52	\$117,648	166	\$274,386	52	\$117,648	218	\$392,034
	Community Support (SA)	\$201.03	Mo.	Srv not requested by Region.		76	\$66,942	0	\$0	76	\$66,942
	Day Rehabilitation	\$47.30	Day	Srv not requested by Region.		90	\$339,090	0	\$0	90	\$339,090
	Assertive Community Treatment (ACT)	\$38.70	Day	Srv not requested by Region.		0	\$0	0	\$0	0	\$0
Med Management	Non Fee-for-Svc		Srv not requested by Region.		127	\$6,484	0	\$0	127	\$6,484	
SUBTOTAL		Rate x [365 days OR 12 mos] x # svrd			\$117,648		\$686,902		\$117,648		\$804,550
TOTAL					\$1,226,103		\$981,183		\$942,670		\$1,923,854

\* **Psych Res Rehab:** The data does not support the region's request for 10 beds. HHSS agrees to fund 2 beds x \$96.75 per day rate x 365 days = \$70,628.

\* **Dual Residential:** HHSS proposes to fund 1 bed (1 x \$184.90 x 365 days = \$67,489). HHSS believes one location will best serve the rural regions and be more financially viable. A location for this program in Region III would allow for easier access by all four regions (Regions 1,2,3,4). **HHSS intends to add funding in Phase II to support enhancing current providers' non-residential capability to provide enhanced dual therapy.**

^ **Community Support MH:** HHSS proposes to fund the region's request for Community Support to provide additional supportive services to persons discharged from committed acute and secure services who live in independent housing. Community Support MH is funded at \$245.10 x 12 mos. x 40 slots = \$117,648 (the caseload is 1:20 so 2 FTE's are able to provide services for 40 slots).

**Column 2 / No Svrd:** Source = FY03 regional actual persons served report. **Column 2 / Cost:** Source = FY04 regional contract/amendments.

# REGION PROPOSED REPLACEMENT SERVICES AND FUNDING

## Phase I – Priorities A, B, and C only

PRIORITY C				Region 1 Request		Region 1 Current		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)	
	EMERGENCY SERVICES	Rate	Unit	No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost
	Emergency Stabilization	Non Fee-for-Svc		Svc not requested by Region.		0	\$0	\$0	\$0	0	\$0
	Crisis Response Teams +	Non Fee-for-Svc		250	\$75,000	240	\$90,000	250	\$85,000	490	\$175,000
	Crisis Respite	Non Fee-for-Svc		250	\$74,500	0	\$0	250	\$74,500	250	\$74,500
	Emergency Community Support	Non Fee-for-Svc		20	\$35,000	38	\$58,780	20	\$35,000	58	\$93,780
	<b>TOTAL</b>	NFFS = Expense Reimbursement/Capacity			<b>\$184,500</b>		<b>\$148,780</b>		<b>\$194,500</b>		<b>\$343,280</b>

+ **Crisis Response Teams:** HHSS proposes funding to bring up 1 new team in Scottsbluff (250 no. served), and also to add funding to existing 3 teams (80 no. served per team) to equalize the funding per crisis response team.

REGION 1 TOTAL	Region 1 Request		Region 1 Current		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)	
	Cost		Cost		Cost		Cost	
GRAND TOTAL	\$1,410,603		\$1,129,963		\$1,137,170		\$2,267,134	



## D. Region II: Phase I Plan

### Summary of Region Request

- Priority A: Replace acute and secure services at Regional Centers with community providers in three separate locations to make the services available closer to home communities.
- Priority B: Increase community support to assist the transition of discharge ready consumers.
- Need for small amount of residential services to meet individual need.
- Priority C: Enhance emergency community support services to work with area hospitals to immediately respond to behavioral health emergencies that present to Emergency Rooms.

### Rationale for HHSS Recommendations

- Priority A: Recommend funding capacity as requested by the Region; number of persons projected to be served (60) based on trend average of FY02 and FY03 Commitment Data.
- Priority B: Review of January 04 snapshot data indicated that independent housing and other community programming with supports would meet the needs of most consumers transitioning in Region 2. Recommended funding minimal residential services.
- Priority C: Current funding provides Crisis Response Teams, Crisis Respite and Emergency Community Support in partnership with 5 hospitals (Richard Young Hospital/Good Samaritan Systems). Data shows 8% reduction in FY02-FY03 EPCs as a result of those core programs. Recommend support expansion of those programs to link with two additional community hospitals and the clinic in Mullen.

# REGION PROPOSED REPLACEMENT SERVICES AND FUNDING

## Phase I – Priorities A, B, and C only

REGION 2			Region 2 Request		Region 2 Current		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)		
PRIORITY A	INPATIENT SERVICES	Rate	ALOS	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost
	Acute Inpatient	\$600.00	4	60	\$360,000	0	\$0	60	\$144,000	60	\$144,000
	Secure Subacute Res	\$450.00	21	60	\$540,000	0	\$0	60	\$567,000	60	\$567,000
	SUBTOTAL	Rate x ALOS x # svrd			\$900,000		\$0		\$711,000		\$711,000
	ALOS = Average Length of Stay			10 days Acute; 20 days Secure			4 days acute; 21 days secure			4 days acute; 21 days secure	
PRIORITY B	TRANSITIONAL RESIDENTIAL SERVICES	Rate	Unit	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost
	Psych Residential Rehab	\$96.75	Day	Srv not requested by Region.		0	\$0	0	\$0	0	\$0
	Dual Disorder Residential SPMI/CD *	\$184.90	Day	2	\$134,977	0	\$0	2	\$134,977	2	\$134,977
	Short Term Residential *	\$161.25	Day	8	\$469,562	4	\$469,562	3	\$176,569	7	\$646,131
	SUBTOTAL	Rate x 365 days x # svrd			\$604,539		\$469,562		\$311,546		\$781,108
	NON RESIDENTIAL & SUPPORT SERVICES	Rate	Unit	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost
	Community Support MH ^	\$245.10	Mo.	40	\$117,648	168	\$496,063	40	\$117,648	208	\$613,711
	Community Support SA	\$201.03	Mo.	20	\$48,247	78	\$53,776	20	\$48,247	98	\$102,023
	Day Rehabilitation	\$47.30	Day	Srv not requested by Region.		167	\$418,888	0	\$0	167	\$418,888
	Assertive Community Treatment (ACT)	\$38.70	Day	Srv not requested by Region.		0	\$0	0	\$0	0	\$0
Medication Management (1/4 hr med ck) ^	Non Fee-for-Svc (Exp Reimb/Capacity)		60	\$131,002	293	\$93,178	60	\$21,104	353	\$114,282	
SUBTOTAL		Rate x [365 days OR 12 mos] x # svrd			\$296,897		\$1,061,905		\$186,999		\$1,248,904
TOTAL					\$1,801,436		\$1,531,467		\$1,209,545		\$2,741,012

\* **Dual Residential:** Data does not support funding services at the level requested by Region 2. HHSS proposes to fund 2 beds (2 x \$184.90 x 365 days = \$134,977). HHSS believes one location will best serve the rural regions and be more financially viable. A location for this program in Region III would allow for easier access by all four regions (Regions 1,2,3,4). **HHSS intends to add funding in Phase II to support enhancing current providers' non-residential capability to provide enhanced dual therapy.**

\* **Short Term Residential SA:** Data does not support funding services at the level requested by Region 2. HHSS proposes funding for 3 beds to meet RC replacement need shown by the data (\$161.25 x 3 beds x 365 = \$176,569).

^ **Community Support MH:** HHSS proposes to fund the region's request for Community Support to provide additional supportive services to persons discharged from committed acute and secure services who live in independent housing. Community Support MH is funded at \$245.10 x 12 mos. x 40 slots = \$117,648 (the caseload is 1:20 so 2 FTE's are able to provide services for 40 slots).

^ **Med Mgmt:** The region's request to fund 60 persons with 140% more funds than pays for the current 293 persons is not approved. HHSS proposes to provide \$21,104 to fund the additional 60 new clients.

**Column 2 / No Svrd:** Source = FY03 regional actual persons served report. **Column 2 / Cost:** Source = FY04 regional contract/amendments.

## REGION PROPOSED REPLACEMENT SERVICES AND FUNDING

### Phase I – Priorities A, B, and C only

			Region 2 Request		Region 2 Current		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)		
PRIORITY C	EMERGENCY SERVICES	Rate	Unit	No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost
	Emergency Stabilization	Non Fee-for-Svc		Srv not requested by Region.		0	\$0	0	\$0	0	\$0
	Crisis Response Teams +	Non Fee-for-Svc		120	\$237,543	114	\$180,476	120	\$189,960	234	\$370,436
	Crisis Respite +	Non Fee-for-Svc		16	\$13,200	8	\$6,600	16	\$13,200	24	\$19,800
	Emergency Community Support +	Non Fee-for-Svc		113	\$232,070	100	\$120,000	113	\$135,600	213	\$255,600
	TOTAL	NFFS = Expense Reimbursement/Capacity			\$482,813		\$187,076		\$338,760		\$645,836

+ **Crisis Response Teams, Crisis Respite and Emerg Community Support:** The Region 2 plan combines these services under Emergency Support Services so projected and current "numbers served" and "funding" in each service needs further clarification = NC; the regional plan expands the current emergency services to 2 additional Region 2 community hospitals and the community clinic in Mullen. All three services may work collaboratively together to serve Region 2 clients, but HHSS will fund the services separately and collect data separately for accountability and results reporting. The funding proposed for the "Emergency Support Services" is higher than the funds currently providing those services to 5 community hospitals for a similar number of persons served. HHSS proposes to fund the expansion at a level that is reflective of current experience.

REGION 2 TOTAL	Region 2 Request	Region 2 Current	HHSS Response	TOTAL Current + HHSS Response (col. 2 + col. 3)
	Cost	Cost	Cost	Cost
<b>GRAND TOTAL</b>	<b>\$2,284,249</b>	<b>\$1,718,543</b>	<b>\$1,548,305</b>	<b>\$3,386,848</b>

## E. Region III: Phase I Plan

### Summary of Region Request

- Focused on meeting only identified needs to accomplish goals of LB 1083. Does not attempt to fill all identified service needs or gaps in the Region 3 area.
- All planning is based on data generated from HHSS and service providers.
- Priority A: Replace HRC acute/secure capacity via contracting with community providers.
- Priority B: Increase capacity and improve community based support services to facilitate consumers being discharged from intense levels of care and increasing consumer tenure in the community.
- Priority C: Recommend development of a Crisis Stabilization Unit to decrease number of commitments and the need for higher intensity levels of care. Projected that this service will reduce Emergency Protective Custody admissions 25% by the end of year 1 of operation.
- Crisis Stabilization Unit services will be available on a voluntary basis reducing the demand on law enforcement resources.

### Rationale for HHSS Recommendations

- Priority A: Recommend funding capacity as requested by the Region; number of persons projected to be served (213) based on trend average of FY02 and FY03 Commitment Data.
- Priority B: Review of January 04 snapshot data indicated that independent housing and other community programming with supports would meet the needs of most consumers transitioning in Region 3. Recommended funding minimal residential services. HHSS supports development of a state Dual Residential program outside of Regions 5 and 6 to serve persons needing this service from Regions 1-4.
- Priority C: Data indicates the highest per capita EPC rate in the state. Recommend supporting the Region's request to develop a new voluntary Crisis Stabilization Unit to include crisis respite services in Grand Island to reduce recidivism to EPC and higher levels of care. This new unit is projected to decrease acute and secure subacute commitments by 25%.

# REGION PROPOSED REPLACEMENT SERVICES AND FUNDING

## Phase I – Priorities A, B, and C only

REGION 3			Region 3 Request		Region 3 Current		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)		
PRIORITY A	INPATIENT SERVICES	Rate	ALOS	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost
	Acute Inpatient	\$600.00	4	213	\$894,600	0	\$0	213	\$511,200	213	\$511,200
	Secure Subacute Res	\$450.00	21	174	\$1,788,300	0	\$0	213	\$2,012,850	213	\$2,012,850
	SUBTOTAL	Rate x ALOS x # svrd			\$2,682,900		\$0		\$2,524,050		\$2,524,050
	ALOS = Average Length of Stay			7 days acute; 23 days secure			4 days acute; 21 days secure			4 days acute; 21 days secure	
PRIORITY B	TRANSITIONAL RESIDENTIAL SERVICES	Rate	Unit	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost
	Psych Residential Rehab *	\$96.75	Day	1	\$46,755	8	\$271,059	1	\$35,314	9	\$306,373
	Dual Disorder Residential SPMI/CD *	\$184.90	Day	4	\$242,959	0	\$0	4	\$269,954	4	\$269,954
	Short Term Residential *	\$161.25	Day	1	\$58,856	12	\$721,748	1	\$58,856	13	\$780,604
	SUBTOTAL	Rate x 365 days x # svrd			\$348,570		\$992,807		\$364,124		\$1,356,931
	NON RESIDENTIAL & SUPPORT SERVICES	Rate	Unit	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost
	Community Support MH/DUAL ^	\$245.10	Mo.	96	\$176,472	310	\$528,485	96	\$176,472	406	\$704,957
	Community Support SA ^	\$201.03	Mo.	72	\$60,309	88	\$77,499	72	\$60,309	160	\$137,808
	Day Rehabilitation	\$47.30	Day	Srvc not requested by Region.		207	\$862,600	0	\$0	207	\$862,600
	Assertive Community Treatment (ACT)	\$38.70	Day	Srvc not requested by Region.		0	\$0	0	\$0	0	\$0
	Medication Management (1/4 hr med ck)	Non Fee-for-Svc (Exp Reimb/Capacity)		548	\$74,528	632	\$91,158	548	\$74,528	1180	\$165,686
SUBTOTAL		Rate x [365 days OR 12 mos] x # svrd		\$311,309		\$1,559,742		\$311,309		\$1,871,051	
TOTAL				\$3,342,779		\$2,552,549		\$3,199,483		\$5,752,032	

\* **Psych Res Rehab:** The region's request is not calculated on the approved rate per day of service. HHSS agrees to fund 1 bed x \$96.75 rate per day x 365 days = \$35,314.

\* **Dual Residential:** The region's request is calculated at 90% productivity. HHSS proposes to fund 4 beds x \$184.90 x 365 = \$269,954. HHSS believes one location will best serve the rural regions and be more financially viable. A location for this program in Region III would allow for easier access by all four regions (Regions 1,2,3,4). **HHSS intends to add funding in Phase II to support enhancing current providers' non-residential capability to provide enhanced dual therapy.**

^ **Community Support MH and Community Support SA:** HHSS proposes to fund the region's request for Community Support MH and SA to provide additional supportive services to persons discharged from committed acute and secure services who live in independent housing. Community Support MH is funded at \$245.10 x 12 mos. x 60 slots = \$176,472 (the caseload is 1:20 so 3 FTE's are able to provide services for 60 slots). Community Support SA is funded at \$201.03 x 12 mos. x 25 slots = \$60,309 (the caseload is 1:25 so 1 FTE are able to provide services for 25 slots).

**Column 2 / No Svrd:** Source = FY03 regional actual persons served report. **Column 2 / Cost:** Source = FY04 regional contract/amendments.

### Phase I – Priorities A, B, and C only

**PRIORIT**

**Crisis Response Teams, Crisis Respite and Emerg Community** : Region 3 plan combines these services with Crisis Stabilization so projected "numbers served" and "funding" in each specific service needs further clarification = NC. HHSS proposes to fund and collect data on the individual services separately for accountability and uniformity statewide, but supports Region's concept to co-locate these and several other emergency services in one location in G.I. 6 mos. of operational funding are included for FY05 in addition to the one-time development costs; the ongoing cost of the Crisis Unit in G.I. is projected at \$653,138 annually (\$328,569 x 2).

**GRAND TOTAL**

## F. Region IV: Phase I Plan

### Summary of Region Request

- Region 4 relies heavily on the Norfolk Regional Center to provide acute inpatient and secure services and long term care. A change in the philosophy of care that de-emphasizes reliance on long term high intensity services and supports transition to less intensive services will be required.
- Priority A: Additional acute and secure services at the community hospital level will be developed.
- Priority B: Data shows small numbers of Region 4 persons who need EPC and Acute and Secure services, but more that need the lower level services to stay in the community. Increase skills and abilities of current support service providers to prevent recidivism. Propose increasing dual and short term residential.
- Priority C: Recommend additional crisis response teams in the western counties in the Region to work in partnership with local law enforcement. Develop expanded crisis stabilization services in the Columbus area.

### Rationale for HHSS Recommendations

- Priority A: Data indicates 69 commitments to NRC from Region 4 in FY03 and 131 annual admissions to NRC that include both commitments and voluntary admissions. Recommend funding capacity of 131 as requested by the Region.
- Priority B: Trending data from August 03 and January 04 snapshot data and experience from LOCUS assessments indicate that approximately 8% (10) of committed persons may require Psych Res Rehab services. HHSS recommends funding 6 beds to serve 8-10 people. HHSS supports development of one state Dual Residential program to serve persons needing this service from Regions 1-4.
- Priority C: The Columbus area (4 counties) has the 2<sup>nd</sup> largest population base in Region 4 and had 91 EPCs in FY03. FY04 indicates a rising trend in EPCs from this area. HHSS recommends supporting the Region's request to develop a new voluntary Crisis Stabilization Unit with crisis respite to reduce EPCs. This service is projected to decrease EPCs and therefore, Acute and Secure commitments by 25%.
- HHSS recommends adding 2 crisis response teams to reduce EPCs in the western part of Region 4 - one team in South Sioux City, and one team in Norfolk.

# REGION PROPOSED REPLACEMENT SERVICES AND FUNDING

## Phase I – Priorities A, B, and C only

REGION 4			Region 4 Request		Region 4 Current		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)		
PRIORITY A	INPATIENT SERVICES	Rate	ALOS	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost
	Acute Inpatient	\$600.00	4	131	\$786,000	0	\$0	131	\$314,400	131	\$314,400
	Secure Subacute Res	\$450.00	21	131	\$1,314,000	0	\$0	131	\$1,237,950	131	\$1,237,950
	SUBTOTAL	Rate x ALOS x # svrd			\$2,100,000		\$0		\$1,552,350		\$1,552,350
	ALOS = Average Length of Stay			10 days acute/8 "beds" secure			4 days acute/21 days secure			4 days acute/21 days secure	
PRIORITY B	TRANSITIONAL RESIDENTIAL SERVICES	Rate	Unit	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost
	Psych Residential Rehab *	\$96.75	Day	8	\$282,510	20	\$639,117	8	\$282,510	28	\$921,627
	Dual Disorder Residential SPMI/CD *	\$184.90	Day	12	\$809,862	8	\$539,908	4	\$269,954	12	\$809,862
	Short Term Residential SA	\$161.25	Day	Srvc not requested by Region.		10	\$612,296	0	\$0	10	\$612,296
	SUBTOTAL	Rate x 365 days x # svrd			\$1,092,372		\$1,179,025		\$552,464		\$2,343,785
	NON RESIDENTIAL & SUPPORT SERVICES	Rate	Unit	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost
	Community Support MH ^	\$245.10	Mo.	150	\$551,475	172	\$570,066	98	\$176,472	270	\$746,538
	Community Support SA ^	\$201.03	Mo.	Srvc not requested by Region.		229	\$239,196	83	\$72,371	312	\$311,567
	Day Rehabilitation ^	\$47.30	Day	25	\$295,024	191	\$405,868	25	\$312,180	216	\$718,048
	ACT	\$38.70	Day	Srvc not requested by Region.		0	\$0	0	\$0	0	\$0
Medication Management (1/4 hr med ck) ^	Non Fee-for-Svc (Exp Reimb/Capacity)		150	\$27,336	127	\$27,520	150	\$32,474	277	\$59,994	
SUBTOTAL		Rate x [365 days OR 12 mos] x # svrd		\$873,835		\$1,242,650		\$593,497		\$1,836,147	
TOTAL				\$4,066,207		\$2,421,675		\$2,698,311		\$5,732,282	

\* **Psych Res Rehab:** HHSS proposes funding 8 beds based on snapshot data (8 x \$96.75 x 365 days = \$282,510).

\* **Dual Residential:** The regional request is not supported by the data. HHSS response funds 4 beds x \$184.9 x 365 days = \$269,954. HHSS believes one location will best serve the rural regions and be more financially viable. A location for this program in Region III would allow for easier access by all four regions (Regions 1,2,3,4). **HHSS intends to add funding in Phase II to support enhancing current providers' non-residential capability to provide enhanced dual therapy.**

^ **Community Support MH and Community Support SA:** HHSS proposes to fund the region's request for Community Support MH and SA to provide additional supportive services to persons discharged from committed acute and secure services who live in independent housing. Community Support MH is funded at \$245.10 x 12 mos. x 60 slots = \$176,472 (the caseload is 1:20 so 3 FTE's are able to provide services for 60 slots). Community Support SA is funded at \$201.03 x 12 mos. x 25 slots = \$60,309 (the caseload is 1:25 so 1 FTE is able to provide services for 25 slots).

^ **Day Rehab:** Region's calculations for funding amount is insufficient for the number projected to serve. HHSS proposes to fund the 25 clients x 22 days/mo avg x \$47.30 x 12mos. = \$312,180. **Day Rehab is funded in order to provide day programming to persons discharged from RC's with independent housing and new psych res rehab beds.**

^ **Med Mgmt:** The region proposes to fund 150 additional persons at the same funding level as they currently serve 127 (\$27,336). HHSS proposes to provide \$32,474 to ensure sufficient funds for the additional 150 persons.

**Column 2 / No Svrd:** Source = FY03 regional actual persons served report. **Column 2 / Cost:** Source = FY04 regional contract/amendments.



# REGION PROPOSED REPLACEMENT SERVICES AND FUNDING

## Phase I – Priorities A, B, and C only

PRIORITY C				Region 4 Request		Region 4 Current		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)	
	EMERGENCY SERVICES	Rate	Unit	No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost
	Emergency Stabilization	Non Fee-for-Svc		50	\$210,000	0	\$0	55	\$226,599	55	\$226,599
	Crisis Response Teams	Non Fee-for-Svc		130	\$150,000	67	\$134,636	160	\$100,000	227	\$234,636
	Crisis Respite	Non Fee-for-Svc		12	\$32,217	12	\$32,217	13	\$28,993	25	\$61,210
	Emergency Community Support	Non Fee-for-Svc		Svc not requested by Region.		76	\$57,205	0	\$0	76	\$57,205
	<b>TOTAL</b>	NFFS = Expense Reimbursement/Capacity			<b>\$392,217</b>		<b>\$224,058</b>		<b>\$355,592</b>		<b>\$579,650</b>

NC = need clarification of persons served in Crisis Response Teams. Funding and persons served were included in the Region's pkg proposal; funding and data will need to be identified, funded and data collected separately by service.

REGION 4 TOTAL	Region 4 Request	Region 4 Current	HHSS Response	TOTAL Current + HHSS Response (col. 2 + col. 3)
	Cost	Cost	Cost	Cost
GRAND TOTAL	\$4,458,424	\$2,645,733	\$3,053,903	\$5,699,636

## G. Region V: Phase I Plan

### Summary of Region Request

- Recommendations reflect addressing gaps in service provision and resources in rural Region 5 and the long-term needs of difficult to serve behavioral health consumers.
- Priority A: LRC acute inpatient and secure residential psychiatric services remain available to Region 5, and therefore no additional funds are requested for this phase.
- Priority B: Submitted 2 alternatives: Establish services for those discharge-ready consumers currently being serviced at HRC/NRC/LRC and whose primary residence is the Region 5 area: (1) Establish an Assertive Community (ACT) Team, (2) Increase capacity of existing services plus the addition of peer support, intensive community support services and increased flexible funding.
- Priority C: Recommend establishing emergency Crisis Response teams and resource and support services in the rural 15 counties.

### Rationale for HHSS Recommendations

- Priority A: LRC has 43 short term care beds and 40 community transitional program beds that are a combination of acute, secure, intermediate and transitional levels of care. No additional capacity is required to serve Region 5.
- Priority B: February 04 snapshot data indicates of 80 consumers, 43 (53%) had one or more admissions to a Regional Center. This data supports that Priority B must serve consumers in a higher intensity community service to address recidivism. HHSS recommends funding ACT to meet the treatment, rehab, and support needs of this population. It is a Medicaid approved service and the services described in Option B are wholly contained in the ACT service, such as peer, crisis response, medication management, and flexible funding. All are services intended to reduce reliance on LRC.
- Priority C: FY03 data indicates that 27% (225) of 834 were from the rural 15 counties of Region 5. HHSS recommends development of four Crisis Response Teams in these rural counties to reduce the number of EPCs. The Crisis Response Teams enable persons in those counties to receive professional interventions for a crisis and reduce the need to travel to Lincoln to access services. In addition, the Emergency Community Support services recommended would provide supportive services to the consumers served throughout the Region by the rural Crisis Response Teams.

# REGION PROPOSED REPLACEMENT SERVICES AND FUNDING

## Phase I – Priorities A, B, and C only

REGION 5			Region 5 Request		Region 5 Current		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)		
PRIORITY A	INPATIENT SERVICES	Rate	ALOS	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost
	Acute Inpatient	\$600.00	4	0	\$0	0	\$0	0	\$0	0	\$0
	Secure Subacute Res	\$450.00	21	0	\$0	0	\$0	0	\$0	0	\$0
	SUBTOTAL	Rate x ALOS x # svrd			\$0		\$0		\$0		\$0
	ALOS = Average Length of Stay										
PRIORITY B	TRANSITIONAL RESIDENTIAL SERVICES	Rate	Unit	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost
	Psych Residential Rehab	\$96.75	Day	Srv not requested by Region.		15	\$482,968	0	\$0	15	\$482,968
	Dual Disorder Residential SPMI/CD	\$184.90	Day	Srv not requested by Region.		8	\$544,308	0	\$0	8	\$544,308
	Short Term Residential SA	\$161.25	Day	Srv not requested by Region.		14	\$1,133,120	0	\$0	14	\$1,133,120
	SUBTOTAL	Rate x 365 days x # svrd			\$0		\$2,160,396		\$0		\$2,160,396
	NON RESIDENTIAL & SUPPORT SERVICES	Rate	Unit	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost
	Community Support MH/DUAL	\$245.10	Mo.	Srv not requested by Region.		866	\$2,071,233	0	\$0	866	\$2,071,233
	Community Support SA	\$201.03	Mo.	Srv not requested by Region.		76	\$197,934	0	\$0	76	\$197,934
	Day Rehabilitation	\$47.30	Day	Srv not requested by Region.		165	\$611,177	0	\$0	165	\$611,177
	Assertive Community Treatment (ACT) ^	\$38.70	Day	73	\$988,785	0	\$0	73	\$988,785	73	\$988,785
	Medication Management (1/4 hr med ck)	Non Fee-for-Svc (Exp Reimb/Capacity)		Srv not requested by Region.		525	\$119,399	0	\$0	525	\$119,399
	Intensive Community Support	Non Fee-for-Svc		NC	\$525,115	10	\$82,676	0	\$0	10	\$82,676
	SUBTOTAL	Rate x [365 days OR 12 mos] x # svrd			\$1,513,900		\$3,082,419		\$988,785		\$4,071,204
TOTAL					\$1,513,900		\$3,411,519		\$988,785		\$6,231,600

**NC** = need clarification of persons served in Inten Com Support.

^ **ACT**: The region proposed funding an ACT team to provide community services for persons discharged from RC's. HHSS proposes funding a full team in Region 5 (70 clients x \$38.70 day x 365 = \$988,785) as an expanded MRO service.

**Column 2 / No Svrd**: Source = FY03 regional actual persons served report.

**Column 2 / Cost**: Source = FY04 regional contract/amendments.

# REGION PROPOSED REPLACEMENT SERVICES AND FUNDING

## Phase I – Priorities A, B, and C only

				Region 5 Request		Region 5 Current		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)	
PRIORITY C	EMERGENCY SERVICES	Rate	Unit	No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost
	Emergency Stabilization	Non Fee-for-Svc		0	\$0	0	\$0	0	\$0	0	\$0
	Crisis Response Teams +	Non Fee-for-Svc		NC	NC	0	\$0	320	\$200,000	320	\$200,000
	Crisis Respite	Non Fee-for-Svc		0	\$0	100	\$270,220	0	\$0	100	\$270,220
	Emerg. Community Support +	Non Fee-for-Svc		NC	NC	80	\$58,880	204	\$200,000	284	\$258,880
	TOTAL		NFFS = Expense Reimbursement/Capacity		\$0		\$329,100		\$400,000		\$729,100

+ **Crisis Responses Teams and Emergency Community Support:** These services were included in a larger pkg. Both services may work collaboratively together to serve rural Region 5 clients, but HHSS will fund the services separately and collect data for each separately.

**NC** = needs clarification. Numbers of persons served and funding were not broken out separately in the totals for the Emergency Support Services.

ADMINISTRATIVE SERVICES			No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost
Resource Support - Reg 5			NC	\$324,052	0	\$0	0	\$0	0	\$0
Emerg System Coordination, Emerg Training - Reg 5			NC	\$831,478	0	\$6,593	0	\$0	0	\$6,593
<b>TOTAL</b>				<b>\$1,155,530</b>		<b>\$6,593</b>		<b>\$0</b>		<b>\$6,593</b>

Administrative Services are not eligible for BH Reform funds.

REGION 5 TOTAL	Region 5 Request		Region 5 Current		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)	
	Cost		Cost		Cost		Cost	
<b>GRAND TOTAL</b>	<b>\$2,669,430</b>		<b>\$3,747,212</b>		<b>\$1,388,785</b>		<b>\$5,135,997</b>	

## H. Region VI: Phase I Plan

### Summary of Region Request

- The proposed development of a Community Resource Center (CRC) will also include the following services: Crisis Phone Line, MH Assessment, SA Assessment, Voluntary Crisis Stabilization, EPC Crisis Stabilization, Social Detox, CPC Detox, Dual Residential, Emergency Community Support. Current providers would move services into one location.
- Priority A: Recommend development of acute/secure subacute services in a Community Resource Center (CRC) without the need for new beds. Proposed using current EPC beds to serve committed acute/secure consumers.
- Priority B: Recommend development of an additional ACT team to address consumers leaving the Regional Center who may have had difficulty in traditional services. Proposed significant expansion of Psych Res Rehab and Dual Residential capacity. Community Support – MH is also a proposed expansion service.
- Priority C: Recommend restructuring the emergency service system as part of the CRC. Indicated that development of rural county Crisis Response teams would be studied to develop in the future.

### Rationale for HHSS Recommendations

- Priority A: Data indicates 274 commitments to NRC from Region 6 in FY03. The FY02 EPCs (559) and FY03 EPCs (457) indicate a significant number of persons to be served in the EPC Emergency Stabilization service. HHSS recommends adding acute/secure beds to serve the 274 committed consumers and continue the current capacity for EPC beds to serve persons who are NOT committed.
- Priority B: January 04 snapshot data indicated that 36 persons needed Dual Residential service. HHSS recommends funding 18 beds to serve 36 people with the development of the capacity occurring on two separate timetables. Trending data from August 03 and January 04 snapshot data and experience from LOCUS assessments from Region 6 indicate that approximately 8% (27) of committed persons may require Psych Res Rehab services. Supporting that analysis, the January 04 snapshot data indicated 24 persons required residential rehab. HHSS recommends funding 24 beds to serve 24 people with the development of that capacity occurring on two separate timetables. Region 6 data indicates 68 persons need ACT services. HHSS recommends funding a new ACT team at full capacity to serve 70 consumers.
- Priority C: Crisis Response Teams have demonstrated significant impact in reducing EPC and emergency services statewide. HHSS recommends implementation of rural Crisis Response Teams to reduce the EPC demand (457) and enable persons in those counties to receive professional interventions for a crisis and reduce the need to travel to Omaha to access services. HHSS supports the Region's request to expand Emergency Community Support in the CRC.
- HHSS supports the development of the Community Resource Center to integrate several emergency and acute/secure services into one location for easier access.

# REGION PROPOSED REPLACEMENT SERVICES AND FUNDING

## Phase I – Priorities A, B, and C only

REGION 6			Region 6 Request		Region 6 Current		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)			
PRIORITY A	INPATIENT SERVICES	Rate	ALOS	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost	
	Acute Inpatient	\$600.00	4	392	\$940,000	225	\$1,140,762	274	\$657,600	274	\$1,798,362	
	Secure Subacute Res	\$450.00	21	362	\$4,886,438	0	\$0	274	\$2,589,300	0	\$2,589,300	
	SUBTOTAL		Rate x ALOS x # srvd		420	\$5,826,438		\$1,140,762		\$3,246,900		\$3,246,900
ALOS = Average Length of Stay							4 days acute/21 days secure		4 days acute/21 days secure			
PRIORITY B	TRANSITIONAL RESIDENTIAL SERVICES	Rate	Unit	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost	No. Beds	Cost	
	Psych Residential Rehab *	\$96.75	Day	118	\$3,739,103	79	\$2,789,785	10	\$353,138	89	\$3,142,923	
	Dual Disorder Residential *	\$184.90	Day	63	\$4,362,891	0	\$0	9	\$607,397	9	\$607,397	
	Short Term Residential SA	\$161.25	Day	Srvc not requested by Region.		0	\$0	0	\$0	0	\$0	
	SUBTOTAL		Rate x 365 days x # srvd			\$8,101,994		\$2,789,785		\$960,534		\$3,750,319
	NON RESIDENTIAL & SUPPORT SERVICES	Rate	Unit	No. Svd.	Cost	No. Svd.	Cost	No. Svd	Cost	No. Svd	Cost	
	Community Support MH ^	\$245.10	Mo.	120	\$352,944	120	\$934,278	120	\$352,944	240	\$1,287,222	
	Community Support SA	\$201.03	Mo.	Srvc not requested by Region.		28	\$49,580	0	\$0	28	\$49,580	
	Day Rehabilitation ^	\$47.30	Day	47	\$346,804	1,117	\$2,449,586	47	\$346,804	1,164	\$2,796,390	
	Assertive Community Treatment (ACT)	\$38.70	Day	50	\$706,275	70	\$988,785	70	\$988,785	140	\$1,977,570	
Med Management ^	Non Fee-for-Svc		3,989	\$427,251	2,095	\$108,941	3,989	\$135,626	3,989	\$244,567		
SUBTOTAL		Rate x [365 days OR 12 mos] x # srvd			\$1,833,274		\$4,531,170		\$1,824,159		\$6,355,329	
TOTAL					\$15,761,706		\$8,461,717		\$6,031,593		\$13,352,548	

**Acute Inpatient** (col. 2): HHSS response based on no. persons committed to Inpatient from Rg 6 (274). Region will contract with Douglas Co Hosp for Secure Subacute in FY05.

\* **Psych Res Rehab:** Reg 6 LOCUS data and the Jan '04 snapshot data indicate 24 people need this service; therefore, HHSS' recommendation is to fund 24 beds to serve 24 new clients from the RC's (ALOS = 12 months or more). **HHSS proposes to fund 10 beds of Psych Res Rehab in Phase I and 14 beds in Phase II; HHSS funding is calculated at 24 x \$96.75 x 365 days = \$847,530 (\$353,138 in Phase I; \$494,393 in Phase II).**

\* **Dual Residential:** Reg 6 plan projecting to serve 200 people in 63 beds is not based on the actual data. The Reg 6 data indicates that 41 people need the service, but those numbers also included Reg 3 & 4 clients. Based on the snapshots, the number of persons needing this service from Reg 6 was 36 from all RC's; therefore, HHSS' recommendation is to fund 18 beds to serve the 36 new clients from the RC's (ALOS = 6 months). **HHSS proposes to fund 9 beds of Dual Res in Phase I and 9 beds in Phase II; HHSS funding is calculated at 18 beds x \$184.90 x 365 days = \$1,214,793 (\$607,397 in Phase I; \$607,397 in Phase II).** HHSS intends to add funding in Phase II to support non-residential capability to provide enhanced dual therapy.

^ **Community Support MH:** HHSS proposes to fund the region's request for Community Support MH to provide additional supportive services to persons discharged from committed acute and secure services who live in independent housing. Community Support MH is funded at \$245.10 x 12 mos. x 120 slots = \$352,944 (the caseload is 1:20 so 6 FTE's are able to provide services for 120 slots).

^ **Day Rehab:** The region's calculations for funding is for 47 clients x 3 days per week avg x 52 weeks per year (\$346,804). HHSS proposes the same amount of funding/persons served. Day Rehab is funded in order to provide day programming to persons discharged from RC's with independent housing and new psych res rehab beds.

^ **Med Management:** Reg 6 calculated the funding using no. of units times the hourly rate instead of qtr hr rate. HHSS' proposed funding is 3,989 units x \$34 (1/4 hr) = \$135,626.

**Column 2 / No Srvd:** Source = FY03 regional actual persons served report; **Column 2 / Cost:** Source = FY04 regional contract/amendments.

# REGION PROPOSED REPLACEMENT SERVICES AND FUNDING

## Phase I – Priorities A, B, and C only

			Region 6 Request		Region 6 Current		HHSS Response		TOTAL Current + HHSS Response (col. 2 + col. 3)		
PRIORITY C	EMERGENCY SERVICES	Rate	Unit	No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost
	Emergency Stabilization +	Non Fee-for-Svc		0	\$0	244	\$1,392,285	0	\$0	244	\$1,392,285
	Crisis Response Teams +	Non Fee-for-Svc		0	\$0	0	\$0	240	\$150,000	240	\$150,000
	Crisis Respite	Non Fee-for-Svc		0	\$0	146	\$367,287	0	\$0	146	\$367,287
	Emergency Community Support	Non Fee-for-Svc		120	\$120,000	74	\$80,720	120	\$120,000	194	\$200,720
	Crisis Assessment - MH +	Non Fee-for-Svc		1,825	\$320,406	114	\$20,000	0	\$0	114	\$20,000
	TOTAL		NFFS = Expense Reimbursement/Capacity		\$440,406		\$1,860,292		\$270,000		\$2,110,292

- + **Crisis Response Teams:** HHSS proposes funds to develop 3 rural crisis response teams for Cass, Dodge, and Washington counties so clients will be able to receive crisis services closer to home; \$50,000 is funded per team = \$150,000 total.
- + **Crisis Assessment - MH:** These funds currently purchase MH assessments for chemically dependent clients in CPC at Catholic Charities. The \$320,406 is a duplicate request by region since the funds paid to purchase the assessments for acute and secure are already included in the rate.
- + **Emergency Stabilization VOL:** These funds currently purchase capacity services at the Reg 6 / Spring Center.

ADMINISTRATIVE SERVICES		No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost	No. Svd.	Cost
Emerg System Training (role of Emerg System Coord)		0	\$502,486	0	\$15,000	0	\$0	0	\$15,000
4 Admin FTE's		0	\$276,900	0	\$0	0	\$0	0	\$0
<b>TOTAL</b>			<b>\$779,386</b>		<b>\$15,000</b>		<b>\$0</b>		<b>\$15,000</b>

Administrative Services are not eligible for BH Reform funds.

<b>REGION 6 TOTAL</b>	Region 6 Plan	Region 6 Current	HHSS Response	TOTAL Current + HHSS Response (col. 2 + col. 3)
	Cost	Cost	Cost	Cost
<b>GRAND TOTAL</b>	<b>\$16,981,498</b>	<b>\$10,337,009</b>	<b>\$6,301,593</b>	<b>\$16,638,602</b>

Region 6 BH Reform Plan  
**PROJECTED REVENUES FOR SERVICES IN  
COMMUNITY RESOURCE CENTER**

Legal Status	Primary Services in CRC											TOTAL \$ BY FUND SOURCE
	1	2	3	4	5	6	7	8	9	10	11	
	Emergency Community Support	MH Crisis Assessment	SA Crisis Assessment (Addiction Prof)	Voluntary  Social Detox	CPC / Invol  CPC Detox	24 hr Crisis Phone Line	Voluntary  Crisis Stabilization & Tx (including assessments)	EPC / Invol  EPC Srvcs/Crisis Stabilization & Tx (including assessments)	Committed  Post Commitment Treatment	Committed  Acute Inpatient	Committed  Secure Subacute	
Security Level				Staff Secure	Locked		Staff Secure	Locked	Locked	Locked	Locked	
Current Provider	Current - Salvation Army; New - TBD	Catholic Charities	Catholic Charities	Catholic Charities	Catholic Charities	Reg 6 / Spring Center	Reg 6 / Spring Center	Alegent and Douglas Co Hospital	Alegent	Douglas Co Hospital	Douglas Co Hospital	
REVENUES												
State <u>BH</u> General \$	\$75,358	\$10,000		\$8,441		\$129,540	\$494,497	\$498,980		\$8,678	\$441,022	\$1,666,516
State Tobacco \$	\$5,642		\$1,565	\$391,883	\$8,500	\$93,226	\$675,022	\$35,654	\$654,029	\$651	\$33,077	\$1,899,249
Fed <u>SA</u> Block Grt \$			\$20,868	\$144,149	\$114,200							\$279,217
Fed <u>MH</u> Block Grt \$												
Medicaid \$								\$1,682,526	\$1,782,055	\$1,268,000	\$814,860	\$5,547,441
County Tax \$	\$39,000		\$1,567	\$25,527	\$10,000	\$12,770	\$67,041	\$177,383		\$202,944	\$3,039,862	\$3,576,094
1st/3rd Party Fees		\$6,225	\$11,570	\$158,450	\$45,000			\$957,750	\$934,750	\$239,000	\$493,500	\$2,846,245
<b>SUBTOTAL</b>	\$120,000	\$16,225	\$35,570	\$728,450	\$177,700	\$235,536	\$1,236,560	\$3,352,293	\$3,370,834	\$1,719,273	\$4,822,321	\$15,814,762
<b>New Region BH Reform \$</b>	\$120,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$657,600	\$2,589,300	\$3,366,900
<b>TOTAL REVENUES</b>	<b>\$240,000</b>	<b>\$16,225</b>	<b>\$35,570</b>	<b>\$728,450</b>	<b>\$177,700</b>	<b>\$235,536</b>	<b>\$1,236,560</b>	<b>\$3,352,293</b>	<b>\$3,370,834</b>	<b>\$2,376,873</b>	<b>\$7,411,621</b>	<b>\$19,181,662</b>

Source of Revenue Allocation by Fund: Reg 6 FY05 POE (Region Annual Budget Plan)

REVENUES TO FUND NEW CRC REGION SERVICES (COLUMNS 6-11 ONLY)			
	Current Region + Other \$	Region BH Reform New \$	Total \$ by Service
24 hr Crisis Phone Line - 6	\$235,536	\$0	\$235,536
VOL Crisis Stabilization - 7	\$1,236,560	\$0	\$1,236,560
EPC Crisis Stabilization - 8	\$3,352,293	\$0	\$3,352,293
Post Commitment Days - 9	\$3,370,834	\$0	\$3,370,834
Acute Inpatient - 10	\$1,719,273	\$657,600	\$2,376,873
Secure Residential - 11	\$4,822,321	\$2,589,300	\$7,411,621
<b>TOTAL REVENUES</b>	<b>\$13,264,721</b>	<b>\$3,246,900</b>	<b>\$16,511,621</b>

<b>EXPENSES PROJECTED FOR REGION SERVICES (COLUMNS 6-11 ONLY)</b>	<b>\$16,405,811</b>
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Source: Region 6 Draft  
Pro Form Financial Plan

<b>REVENUES PROJECTED FOR REGION SERVICES (COLUMNS 6-11 ONLY)</b>	<b>\$16,511,621</b>
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→ Assumes \$3.5 million from Douglas County in Columns 6 - 11

→ 1st/3rd party fees in Columns 8-11 could be much larger.